

CALIFORNIA RURAL HEALTH POLICY COUNCIL

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California Rural Health Policy Council - Public Meeting Summary
September 7, 2006
Tenaya Lodge Yosemite – Fish Camp`

Chairperson

Stephen Mayberg Ph.D., Chairperson
Director, Department of Mental Health

David Carlisle, M.D., Ph.D.
Director, Office of Statewide Health Planning and Development

Sandra "Sam" Wilburn
Department of Health Services

Dan Smiley
Deputy Director, Emergency Medical Services Authority

Morgan Staines
Chief Counsel, Department of Alcohol and Drug Programs

Lesley Cummings
Executive Director, Managed Risk Medical Insurance Board

Council Staff

Kathleen Maestas, Rural Health Programs Administrator

Chairperson Mayberg, the perpetual Chair of the Rural Health Policy Council and the Director of the Department of Mental Health, begins the introductions.

Sandra Wilburn introduces herself as representing the Department of Health Services for Sandra Shrewry.

Dr. Dave Carlisle, Director of the Office of Statewide Health Planning and Development introduces himself.

Lesley Cummings, the Executive Director of the Managed Risk Medical Insurance Board introduces herself and announces that her department runs the State's Healthy Families Program as well as the medically uninsurable.

Dan Smiley, the Chief Deputy Director with the Emergency Medical Services Authority introduces himself.

Morgan Staines, Chief Counsel of the Department of Alcohol and Drug Programs introduces himself as representing his Director Cathy Chang.

UPDATES

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

Morgan Staines, Chief Counsel, representing Cathy Chang

- Rural Demonstration Project in Mendocino County funded by the Medical Insurance Board.
- Implemented a council certification system.
- Completed a review of a strategic plan (available for review at dadp@ca.gov).
- Prop. 36 funding was continued and increased. There was an increase in drug court funding. We also received money for Methamphetamine, DADP would like to take on a prevention campaign to reduce incidents with Methamphetamine.
- Created a data gathering system in place and will be focusing on a better system of data collection in our treatment system.

EMERGENCY MEDICAL SERVICES AUTHORITY

Dan Smiley, Chief Deputy Director, representing Cesar Aristeiguieta, Director

- EMSA has been working on Emergency Medical Technician Licensure and implementing a central registry.
- Brought together a Trauma Advisory Committee and are looking at better regionalization.
- Received regional rural EMS Agency funding. EMSA is planning on what funding needs may be necessary in the future.
- EMSA is trying to ensure we have the Poison Control System still available in the future regardless of increasing costs.
- EMSA is putting together a strong health and medical search package.

MANAGED RISK MEDICAL INSURANCE BOARD

Lesley Cummings, Executive Director

- Found that not all the money for rural health demonstration projects had been spent, in the amount of about \$2.7 million over the course of two years.
- Healthy Families Program funding ends in '07, focusing on reauthorization of funds. If the tobacco tax gets increased, 50 cents of the money would be used for children's health programs, to provide coverage for children who aren't eligible for Healthy Families or Medical.
- Creating an advisory committee to help focus on Planned performance and quality in dental services.
- At the next Board meeting, a report done on how we provide services through counties to seriously emotionally disturbed children will be heard. A review of the basic mental health services provided by our health plans and families' experiences with receiving those services as well as substance abuse services will be done.
- A couple of positions have been funded to work at the Department of Mental Health to focus on early intervention and prevention services in mental health.
- The Major Risk Medical Insurance Program has been a big focus because funding has run out and people are having to be wait listed.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Dr. David Carlisle, Director

- There were some major changes in personnel this year.
- Budgetary authority has been given to launch a training within OSHPD for fire and life officers.
- Recruitment and retention, fire life safety officers can now be brought on at a junior rank and get training.
- HAZUS (Hazards United States) program is off the ground.
- Issued a host of nursing education grants from the Work Force Division and will be continuing the program.
- Data is being made available on discharges from emergency rooms, ambulatory surgery centers and hospitals.
- The release of the mandatory Coronary Artery By-Pass Graph Surgery report that is specific to surgeons is moving forward.

DEPARTMENT OF HEALTH SERVICES

Sandra “Sam” Wilburn, representing Sandra Shewry

- The budget is about \$40 billion, \$35 billion is Medicaid. Money for the Seasonal Ag Program will be released, October 1.
- The grant for the Medicare Flexibility Program has been increased by \$69,000 this fiscal year.
- The State Office of Rural Health received a \$4,000 cut that was across the board nationally.
- SB-162 was passed on August 31 to the Governor, he has a month to sign it, if not it becomes law, this would split the current Department of Health Services in two.
- The Governor did sign SB-1461.
- Comments from the citizenship documentation requirement for Medicaid beneficiaries is being reviewed. The final instructions will be released in the near future.

DEPARTMENT OF MENTAL HEALTH SERVICES

Stephen Mayberg Ph.D, Director

- Community Services and Support and workforce development.
- Prevention and early intervention, currently trying to formalize the guidelines.
- The Governor's housing initiative for persons of serious mental illness, homeless or at risk of being homeless.
- This years Prop. 63 money is projected to be half a billion dollars higher than we thought, we need to make sure we spend it prudently and that whatever we do is sustainable.

RURAL HEALTH POLICY COUNCIL

Kathleen Maestas, Programs Administrator

- Copies of the annual report to Legislature in the RHPC are available, it was approved and combined to the last two fiscal years.
- Though short staffed, RHPC continues to participate in many workshops, focused governmental agency advocacy groups, rural healthcare providers, and other interested counties to address rural health issues.
- Our website is constantly updated. We list all kinds of employment vacancies in rural healthcare, among other things, which averages about 23,000 hits per month.
- We work with Centers for Medicare and Medicaid Services (CMS) to provide information they have to disseminate.

PUBLIC TESTIMONY

ISSUES:

1. **MEDICARE ADVANTAGE PLAN**
George Bliss, Community Clinic, Yreka

- Administered by Blue Cross of California, an issue for rural health centers and FQHC's, if they have a contract with Blue Cross for private insurance patients, they lose their RHC reimbursement rate or the patients.
- Can this be addressed by the state or only with CMS?
- This is a problem not only in CA but other areas.
- Can something within the State's system regulate Blue Cross and who they enroll in their reimbursement policies?

2. RECRUITMENT AND RETENTION

George Bliss, Community Clinic, Yreka

Kathy Larson, Southern Trinity Health Services

- We have out of State physicians that get their California license but it takes months to get a Medical Provider Number.
- Licensing for out of state physicians can take from 6 to 8 months, there are additional classes and a test. There is no reciprocity in California.
- The agency that handles licensing of professionals sometimes has a different agenda than Health and Human Services Agency. These are things to be address with Mental Health Services Act. Breaking down the barriers to getting people employed. Also the curriculum issues. Is the curriculum people are being taught right now really relevant to the services were expecting them to provide?

3. MENTAL HEALTH CRISIS

Herrmann Spetzler, Open Door Community Health Centers

- Problems attracting and retaining primary care providers. They have had to become mental and social services providers and aren't interested in that. There is no reward in primary care. We're pushing them to see more patients in shorter time.
- 17,000 Doctor shortage in California over the next 10 years
- Emergency rooms and community clinics are understaffed and we have qualified, licensed MFT's who we can't hire.

4. TELE-HEALTH INFRASTRUCTURE

Herrmann Spetzler, Open Door Community Health Centers

Gail Nickerson, Rural Health Clinics

- Allows us to create virtual critical mass that rural areas don't have. Connecting through tele-activity we can create a team of four. They can reach complex patients through tele-medicine.
- Can create search capacity for crisis. In a crisis, urban areas depopulate and people go to the country, through tele-medicine we can connect to providers who can continue to serve the people virtually.
- Tele-psychiatry; due to the shortage of Psychiatrists in rural areas, it is essential.

5. SUICIDE RATES

Todd Stolp, Tuolumne County

- 15 counties under 50,000 population, 12 are in the 20 highest in California for suicide.
- Not seeing correlation with outpatient mental health visits, 51/50 hospitalizations or prevalence of mental illness in counties with suicide rates. Have yet to see if there is a correlation with climate change due to seasonal affective disorder. There is a correlation with binge drinking, substance abuse and fire arm transaction.
- Is the second most common cause of death in ages 15 to 24.
- Needs further analysis.

6. SUSTAINABILITY

Ann Staines, Pro Pro's (working on Placer County's Children's Mental Health Systems of Care)

- Would like insight on making this a more sustainable program.

7. NEXT PUBLIC MEETING

- Next RHPC Public Meeting will take place on December 5th in Sacramento at 1:15 p.m. at the Doubletree Hotel.